

# Dakota Dental & Implant Center

## **Our Financial Policy:**

Thank you for choosing us as your dental health care provider. We are committed to you and your dental health. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our financial policy which we require you to read and sign prior to any treatment.

Full payment is appreciated at the time of service. We accept cash, checks and all major credit cards. We offer a 90 day payment plan with prior approval. (A finance charge of 1.5% per month will be charged for any unpaid balance past 60 days.)

## **Delinquency:**

In the event your account becomes past due and is referred to an outside collection agency or attorney, you will be responsible for the collection costs at the rate of 33% of the balance due, along with reasonable attorney fees and court costs incurred by this office.

## **Insurance:**

We accept assignment of insurance benefits for your visit. However, we do require 30% to be paid on any major work to be done unless already discussed before hand. The balance is your responsibility whether your insurance company pays or not. We cannot bill your insurance unless you give us your insurance information. Your insurance policy is a contract between you and your insurance company; we are not a party to that contract. In the event we do accept assignment of benefits, we require that you be pre-approved on our 90 day payment plan or provide a credit card with the authorization to bill that account for the balance. If your insurance company has not paid your account in full within 90 days of being billed, the balance will automatically transfer to your credit card or to the extended payment plan.

## **Usual and Customary Rates:**

Our practice is committed to providing the best treatment for our patients and we charge what is the usual and Customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

## **Minor Patients:**

The adult accompanying a minor and the parents (or guardians of the minor) are responsible for full payment. For unaccompanied minors, non-emergency treatment will be dependent on our reaching the parents or guardians for verbal permission.

## **Missed Appointments:**

Unless cancelled at least 24 hours in advance, our policy is to charge **\$45.00** for missed appointments. This will not be billed to the insurance company. Please help us serve you better by keeping scheduled appointments.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns.

**I have read and understand Dakota Dental and Implant Center's Credit and Financial policy with respect to payment on my account. I understand and agree to the terms of this agreement**

\_\_\_\_\_  
Signature of patient or responsible party

\_\_\_\_\_  
Date